

Kingston Parks and Recreation Dept.
467 Broadway
Kingston, NY 12401
481-7334 (Rob Dassie)

2010-11 OVER 30 BASKETBALL INFORMATION SHEET

Registration - September 27 - October 8 for RETURNING teams only. If you do not call to reserve your spot, you can be replaced by a new team.

Registration - Oct 11 - October 18 for NEW TEAMS. NEW TEAMS ARE ACCEPTED ON A FIRST COME FIRST SERVE BASIS TO FILL VACANCIES ONLY. CALLING DOES NOT GUARANTEE YOU A SPOT IN THE LEAGUE.

No late registration will be accepted. League begins November 4^h & 5th.

SPONSOR - \$250
FORFEIT FEE - \$160

Non - resident - \$30 per non resident listed on roster. All residents must prove their residency . No one can appear on the Roster until they either prove residency or pay the non - residency fee;

1. Valid N.Y.S. driver's license
2. City of Kingston tax bill
3. Recent utility bill in player's name

All rosters and fees are due by Friday October 22th An Organizational Meeting will be held on Monday October 25th at 7:00pm at the Andy Murphy (Midtown) Neighborhood Center.

Checks payable to: **CITY of KINGSTON PARKS and RECREATION DEPARTMENT**

Proof of age must be submitted for all players listed on roster of returning teams and all players on Roster of New Teams.

In addition to above fees which are due by October 22th, any sponsor fees received after October 22th will go up to, \$290, there will be a per game fee of **\$40** per team, payable in cash only for the cost of official(s) and scorekeeper/timer.

IT IS VERY IMPORTANT THAT YOU GET YOUR ROSTER AND FEES IN ON TIME! YOU MAY MAIL YOUR ROSTER AND FEES IF IT IS DIFFICULT TO COME IN DURING THE DAY.

**** REMEMBER - CALL 481-7334 TO RESERVE YOUR SPOT IN THE LEAGUE****

**KINGSTON RECREATION/BUDWEISER
2010/11 OVER 30 BASKETBALL ROSTER**

Division A ____ B ____

TEAM OR SPONSOR NAME _____
LAST YEAR'S TEAM NAME(if different) _____

	NAME	ADDRESS	PHONE	RES. PROOF	NON-RES. FEE PAID
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

MANAGER'S NAME _____
STREET _____
CITY _____ ZIP _____
DAY PHONE _____
NIGHT PHONE _____

ROSTER CHANGES:

1) _____ 3) _____
2) _____ 4) _____

OFFICE USE ONLY FEES PAID

SPONSOR _____
FORFEIT _____
NON-RES _____

ROSTER WILL NOT BE ACCEPTED IF ALL INFORMATION IS NOT COMPLETE
ALL FEES ARE DUE WHEN ROSTER IS SUBMITTED
NON-RESIDENT ADDRESS - TOWNSHIP ONLY IS NEEDED